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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/171,909	05/09/2001	Jayanta Roy-Chowdhury	59046.33 Enz-55(CIP)(PCT)	8638

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EXAMINER	
SCHWADRON, RONALD B	
ART UNIT	PAPER NUMBER
1644	
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05/14/2010	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	09/171,909	ROY-CHOWDHURY ET AL.	
	Examiner	Art Unit	
	Ron Schwadron, Ph.D.	1644	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☐ Responsive to communication(s) filed on _____.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1 and 4-10* is/are pending in the application.

4a) Of the above claim(s) *4-10* is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☐ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 4/20/10 has been entered.

2. The following is a quotation of the first paragraph of 35 U.S.C. 112:

> The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

3. Claim 1 stands rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the *written description* requirement. The claim(s) contains subject matter which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention. Applicants arguments have been considered and deemed not persuasive.

There is no support in the instant application for the method of amended claim 1 which recites inducing SIDR to glomerular nephritis using the method steps recited in the claims. Previously pending claim 3 discloses the claimed method wherein *streptococcus is the causative agent for glomerular nephritis*. However, claim 1 encompasses the treatment of glomerular nephritis wherein streptococcus is not the causative agent and there is no support for said method in the specification as originally filed. There is no support for the scope of the claimed invention in the specification as originally filed (aka the claimed invention constitutes *new matter*).

Regarding applicants comments, the instant rejection does not deal with the issue of enablement, it deals with the issue of written description as per stated above ("Claim 1 stands rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the *written description* requirement" and "There is no support for the scope of the

claimed invention in the specification as originally filed (aka the claimed invention constitutes *new matter*)". Regarding applicants comments, the cited passage of the specification refers to "streptococcus that cause rheumatic fever or glomerular nephritis". It does not encompass the treatment of glomerular nephritis wherein streptococcus is not the causative agent and there is no support for said method in the specification as originally filed. Regarding applicants comments about the specification, page 1, claim 1 encompasses the treatment of glomerular nephritis wherein streptococcus is not the causative agent and there is no support for said method in the cited passage of the specification. Applicants response has not indicated where the claimed invention finds written description in the specification as originally filed.

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

5. Claim 1 stands rejected under 35 U.S.C. 103(a) as being unpatentable over Chen et al. (WO 96/39176) in view of Katz (US Patent 4,950,469). Applicants arguments have been considered and deemed not persuasive.

Chen et al. teach that oral tolerance to autoantigens can be used to treat antibody mediated autoimmune disease wherein the disease involves antibodies which bind the pertinent autoantigen (see claims 1-13, pages 12-14,40,41). Oral tolerance is a form of "selective immune down regulation" (see specification, page 17, second paragraph). Chen et al. do not teach that the disease provoking antigen is streptococcus which is involved with the pathogenesis of rheumatic fever. Katz et al. teach that rheumatic fever involves an autoimmune antibody response caused by anti streptococcal antibodies which cross react with human tissues (see column 6, first paragraph). Katz teaches that agents which prevent binding of said antibodies could be used to treat rheumatic fever (see column 6, first paragraph). It would have been prima facie obvious to one of ordinary skill in the art at the time the invention was made to have created the claimed invention because Chen et al. teach that oral tolerance to autoantigens can be used to treat antibody mediated autoimmune disease wherein the disease involves antibodies which bind the pertinent autoantigen whilst Katz teaches that teach that rheumatic fever involves an autoimmune antibody response caused by anti streptococcal antibodies which cross react with human tissues wherein the streptococcal antigens would function as an autoantigen. One of ordinary skill in the art would have been motivated to do the aforementioned because Chen et al. teach use of oral tolerance to prevent antibody responses causing autoimmune diseases and Katz disclose that anti streptococcal antibodies are involved in rheumatic fever and that neutralization of said antibodies could be used to treat said disease.

Regarding applicants comment about Katz et al., Katz et al. teach that rheumatic fever involves ***an autoimmune antibody response caused by anti streptococcal antibodies which cross react with human tissues*** (see column 6, first paragraph). Regarding applicants comments about Chen et al. and the term autoantigen, Chen et al. state in page 8, lines 18-20 of said page that regarding the term autoantigen that "*The term also includes antigenic substances that induce conditions having the characteristics of an autoimmune disease when administered to mammals.*".

Regarding applicants comment about Quinn et al. and streptococcus, Katz et al. teach that rheumatic fever involves ***an autoimmune antibody response caused by anti streptococcal antibodies which cross react with human tissues***. Thus the streptococcal antigen as per disclosed by Katz would **constitute an autoantigen as**

per the definition of said term in Chen et al. Regarding applicants comments about Quinn et al. and Gorton et al., Katz et al. teach that rheumatic fever involves ***an autoimmune antibody response caused by anti streptococcal antibodies which cross react with human*** **tissues** (see **c**olumn 6, first complete paragraph). The streptococcal antigen as per disclosed by Katz would **constitute an autoantigen as per the definition of said term in Chen et al**. In KSR Int'l Co. v. Teleflex Inc ., 550 U.S. __, 2007 WL 1237837, at *13 (2007) it was stated that "if a technique has been used to improve one device, and a person of ordinary skill in the art would recognize that it would improve similar devices in the same way, using the technique is obvious unless its actual application is beyond his or her skill". Regarding applicants comments, Chen et al. teach that oral tolerance to autoantigens can be used to treat antibody mediated autoimmune disease wherein the disease involves antibodies which bind the pertinent autoantigen and wherein oral tolerance is a form of "selective immune down regulation" (see specification, page 17, second paragraph). While Chen et al. do not teach that the disease provoking antigen is streptococcus which is involved with the pathogenesis of rheumatic fever, Katz et al. teach that rheumatic fever involves an autoimmune antibody response caused by anti streptococcal antibodies which cross react with human tissues. Chen et al. state in page 8, lines 18-20 of said page that regarding the term autoantigen that "*The term also includes antigenic substances that induce conditions having the characteristics of an autoimmune disease when administered to mammals.*".

Regarding applicants comments about "artificial antigens" and animal models, Chen et al. disclose the use of antigens in humans that are associated with human autoimmune diseases (see pages 17-18). Chen et al. teach that oral tolerance to autoantigens can be used to treat antibody mediated autoimmune disease wherein the disease involves antibodies which bind the pertinent autoantigen and wherein oral tolerance is a form of "selective immune down regulation" (see specification, page 17, second paragraph). While Chen et al. do not teach that the disease provoking antigen is streptococcus which is involved with the pathogenesis of rheumatic fever, Katz et al. teach that rheumatic fever involves an autoimmune antibody response caused by anti streptococcal antibodies which cross react with human tissues. Chen et al. state in page 8, lines 18-20 of said page that regarding the term autoantigen that "*The term also*

includes antigenic substances that induce conditions having the characteristics of an autoimmune disease when administered to mammals.".

Katz et al. teach that rheumatic fever involves an autoimmune antibody response caused by anti streptococcal antibodies which cross react with human tissues. Thus the streptococcal antigen as per disclosed by Katz would constitute an autoantigen as per the definition of said term in Chen et al. Regarding applicants comments, there is currently no limitation in the claims regarding the dosage of antigen that is used in the claimed method. Chen et al. teach that oral tolerance to autoantigens can be used to treat antibody mediated autoimmune disease wherein the disease involves antibodies which bind the pertinent autoantigen and wherein oral tolerance is a form of "selective immune down regulation" (see specification, page 17, second paragraph). Thus, Chen et al. teach a method of "selective immune down regulation". Applicants arguments involve limitations not recited in the claims under consideration. Regarding applicants comments about "high dose feeding", the method of Chen et al. is not limited to a method of "high dose feeding". For example, in claim 1 of Chen et al., the autoantigen is administered at a dosage wherein the autoimmune disease is treated. Thus, the method of Chen et al. does not require "high dose feeding". In fact, Chen et al., page 16, last paragraph teach:

"As will be understood by those skilled in the art, the dosage will vary with the disease, the antigen administered and may vary with the sex, age, and physical condition of the patient as well as with other concurrent treatments being administered. Consequently, adjustment and refinement on one or both of the dosages used and the administration schedules will be determined based on these factors and especially on the patients response to the treatment. Such determinations, however, require no more than routine experimentation…". Furthermore, there is no disclosure in the specification of the instant application that any particular dosage of antigen is required to practice the instant invention in humans. The specification, page 12 states:

"This invention provides a process for producing selective immune down regulation in a subject to an infectious bacterial agent. In this process, a reagent or a combination of reagents capable of producing selective immune down regulation and comprising a component or components or fragments thereof of such

infectious agent is introduced to the subject, thereby establishing selective immune down regulation in the subject.".
Thus, the reagent is simply administered at a concentration that results in selective immune down regulation (such as oral tolerance). Regarding the specification, Example 1, said example is not drawn to the claimed method (it does not use a bacterial antigen) and is therefore irrelevant to the invention under consideration. Said example also refers to a specific dosage range wherein said range is not the dosage encompassed by the term "large amounts of antigen" as per Chen et al. It is also noted that none of the claims under consideration recite the administration of any particular concentration of antigen. Regarding applicants comments about Katz, said reference discloses that rheumatic fever involves an autoimmune antibody response caused by anti streptococcal antibodies which cross react with human tissues (see column 6, first paragraph). Katz then discloses that said disease can be treated using an agent that interferes with said antibodies (see column 6, first paragraph). Thus Katz clearly discloses the role of said antigen in rheumatic fever. In addition, Chen et al. disclose that particular antigens can be identified by screening antigens for binding with antibodies from a patient (see page 18, penultimate paragraph).Chen et al. teach that oral tolerance to autoantigens can be used to treat antibody mediated autoimmune disease wherein the disease involves antibodies which bind the pertinent autoantigen and wherein oral tolerance is a form of "selective immune down regulation" (see specification, page 17, second paragraph). While Chen et al. do not teach that the disease provoking antigen is streptococcus which is involved with the pathogenesis of rheumatic fever, Katz et al. teach that rheumatic fever involves an autoimmune antibody response caused by anti streptococcal antibodies which cross react with human tissues.

6. No claim is allowed.

7. All claims are drawn to the same invention claimed in the application prior to the entry of the submission under 37 CFR 1.114 and could have been finally rejected on the grounds and art of record in the next Office action if they had been entered in the application prior to entry under 37 CFR 1.114. Accordingly, **THIS ACTION IS MADE FINAL** even though it is a first action after the filing of a request for continued

examination and the submission under 37 CFR 1.114. See MPEP § 706.07(b). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

8. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Ron Schwadron, Ph.D. whose telephone number is (571)272-0851. The examiner can normally be reached on Monday-Thursday 7:30-6:00 pm. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Ram Shukla can be reached on 571 272-0735. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Ron Schwadron/
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